

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County Montgomery  
Township \_\_\_\_\_  
or  
Village Middletown  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_)

Registration District No. 591 File No. 42112

Primary Registration District No. 4349 Registered No. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Daniel Harvey Whiteside

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED Married  
WIDOWED OR DIVORCED  
(Write the word)

DATE OF DEATH December Third, 1911  
(Month) (Day) (Year)

DATE OF BIRTH March 15, 1830  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 15<sup>th</sup>, 1911, to Dec 3<sup>rd</sup>, 1911, that I last saw him alive on Dec 3<sup>rd</sup>, 1911, and that death occurred, on the date stated above, at 2 P m.

AGE 81 yrs. 9 mos. 18 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Senile debility

OCCUPATION (a) Trade, profession, or particular kind of work book agent  
(b) General nature of industry, business, or establishment in which employed (or employer)

82.A  
82.C  
162 (Duration) 2 yrs. 6 mos. \_\_\_ ds.  
Contributory Paralysis  
(SECONDARY) (Duration) \_\_\_ yrs. 1 mos. 18 ds.

BIRTHPLACE (City or town, State or foreign country) Lincoln County Mo

PARENTS NAME OF FATHER Jacob Whiteside  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky  
MAIDEN NAME OF MOTHER Lydia Moss  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

(Signed) Chas. H. Rigg M. D.  
Dec 4<sup>th</sup> 1911 (Address) Middletown Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) Middletown Mo

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Where was disease contracted If not at place of death?

(ADDRESS) Genevieve Blackwell

Former or usual residence

Filed Nov 15 1911 W. H. Williams REGISTRAR

PLACE OF BURIAL OR REMOVAL Middletown Cemetery DATE OF BURIAL Dec 5 1911  
UNDERTAKER W. H. Jones ADDRESS Middletown Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

REGISTRARS SHALL NOT RE-  
CEIVE FEE FOR CERTIFICATES  
UNLESS THEY ARE COMPLETED AS  
PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County Middleton Registration District No. 591 File No. \_\_\_\_\_  
Township Middletown Primary Registration District No. 4349 Registered No. 18  
or \_\_\_\_\_  
Village \_\_\_\_\_  
or \_\_\_\_\_  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME David Harvey Whiteside

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED M WIDOWED OR DIVORCED  
(Write the word)

DATE OF BIRTH March 15, 1830  
(Month) (Day) (Year)

AGE 81 yrs. 9 mos. 15 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION (a) Trade, profession, or particular kind of work book agent  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Lincoln Mo

PARENTS NAME OF FATHER Jacob Whiteside BIRTHPLACE OF FATHER Kentucky  
MAIDEN NAME OF MOTHER Sydia Moore BIRTHPLACE OF MOTHER Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Middletown Mo  
(ADDRESS) Genevieve Blackwell

Filed Dec 3 1911 Registrar J. H. Miller

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 15, 1911, to Dec 3, 1911, that I last saw him alive on Dec 3, 1911, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH\* was as follows: Cerebral proflaxy

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.  
Contributory Softening of Brain  
(SECONDARY) (Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Signed C. H. Riggs M.D.  
Jan 31, 1912 (Address) Middletown Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted If not at place of death?  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Middletown Cem DATE OF BURIAL Dec 3, 1911  
UNDERTAKER Thos F. Jones ADDRESS Middletown

Original file. date DEC 3 1911 All information called for must be written on this Supplementary Certificate

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*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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